Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Laura U Logie	M M / D D / Y Y Y Y
Mailing Address 2565 Shire Circle	08 21 2014 Amount
City State Zip Code	20.00
Harrisonburg VA 22801	Transaction ID: 816e001f-58c1-4a58-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 21 / 2014
Name of Federal Candidate Support Office	e Sought: House District:00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For:
Full Name of Payee Eric Wilson	Date of Public Distribution/Dissemination
Mailing Address	08 21 2014
Mailing Address 907 Randall Drive	Amount
City State Zip Code	25.00
Searcy AR 72149	Transaction ID : 7ea550e5-4091-41be-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / D D / Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought Disburged 61823.90 Disburged 2014	ursement For: Primary X General Other (specify) ▶
	Unter (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	45.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	08 23 2014
Signature	

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	te of Public Distribution/Dissemination
Eric Wilson	08 21 2014
Mailing Address 907 Randall Drive	ount
City State Zip Code	3.75
Searcy AR 72149 Trai	insaction ID: 687b6607-b3b0-4381-a te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08
Name of Federal Candidate Support Office Sou	ight: House District:00
Mr. Mark I. Pryor	sident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	
5 II Name of Days	Other (specify)
Full Name of Payee Dat Allie Butler	te of Public Distribution/Dissemination
Mailing Address 1676 Shady Creek Rd Am	08 21 2014 nount
City State Zip Code	35.00
	nsaction ID: ed2fb4d8-2623-414b-8 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 01 / 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Kay Hagan Oppose Pres	sident State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbursem 251777.05 Disbursem 2014	nent For: Primary X General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	38.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	23 2014
Signature	

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OF

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Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee Joseph R Rys	Date of Public Distribution/Dissemination
Joseph Kitys	08 21 Y Y Y Y Y
Mailing Address 160 #50 Pompano Dr	Amount
City State Zip Code	40.00
New Bern NC 28560	Transaction ID: 58b70acf-4baf-4740-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 21 / Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disb 251777.05	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Joseph R Rys	08 21 2014
Mailing Address 160 #50 Pompano Dr	Amount
City State Zip Code	6.24
New Bern NC 28560	Transaction ID : c47f2771-5083-47ab-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / 21 / 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	46.24
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	08 23 2014
Signature	

Schedule E)	PAGE 4 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report filed on	
Steven Rest	of Public Distribution/Dissemination
Mailing Address 103 Washington Ave	08 21 2014
Amou	ınt
City State Zip Code	20.00
Date	saction ID: 3079cc0d-ce10-41a0-9 of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 21 / 2014
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Kay Hagan Oppose Presid	dent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursemer 251777.05 Disbursemer	nt For:
Full Name of Payee Date Steven Best	of Public Distribution/Dissemination
	08 21 7 2014
Mailing Address 103 Washington Ave Amou	unt
City State Zip Code	7.80
Newport NC 28570 Transa	action ID: 9d28c09e-a532-4898-a of Disbursement or Obligation
Purpose of Expanditure	08 / 21 / 2014
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Kay Hagan Presid	dent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursemer 2014	nt For:
(a) CURTOTAL of Haggings Independent Funceditures	07.00
(a) SUBTOTAL of Itemized Independent Expenditures	27.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	23 / 2014
Signature	

Schedule E)	NOLI ENDENT EXI END			PAGE 5 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X	l8-hour report X New rep	port Amends repo	rt filed on	D D / Y Y Y Y Y
Full Name of Payee Kenny Wallis			Date of Public	Distribution/Dissemination 21 / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
Mailing Address 6412 Osage Dr			Amount	
City	State	Zip Code		50.00
North Little rock	AR	72116		D: 371757a2-4f92-45b6-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Soug	ht	61823.90	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Kenny Wallis			Date of Public	C Distribution/Dissemination
Mailing Address 6412 Osage I			08	21 2014
Mailing Address 6412 Osage I	וכ		Amount	
City	State	Zip Code		6.72
North Little rock	AR	72116	Transaction ID Date of Disbu	0: a78f291a-c6ab-47c7-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	21
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Soug	ght	61823.90	Disbursement For: 2014 Other (sp	Primary
(-) OUDTOTAL (1)	and and East Pi			
(a) SUBTOTAL of Itemized Indep	enaent Expenditures			56.72
(b) SUBTOTAL of Unitemized Ind	lependent Expenditures		•	7
(c) TOTAL Independent Expenditu	ures		•	
Under penalty of perjury I certify with, or at the request or suggest party committee) any political part	ion of, any candidate or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date	08 / 23	/ Y Y Y Y Y Y 2014
Signature				

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 6 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jennifer E Smith			08 21 2014
Mailing Address 4967 Dysartsville Rd			Amount
City	State	Zip Code	80.00
Morganton	NC	28655	Transaction ID : a8e9885b-df30-447c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	251777.05	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Jennifer E Smith			08 21 2014
Mailing Address 4967 Dysartsville Rd			Amount
City	State	Zip Code	9.00
Morganton	NC	28655	Transaction ID : 6d6efcfb-efbc-4713-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D1 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		251777.05	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		89.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

	modulo L)			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
V۱	omen Speak Out PAC		С	C00530766	
 Che	eck if 24-hour report X 48-hour report New report Amends report filed		= M	/ D D /	Y I Y I Y I Y
Т	Full Name of Payee	Date of	of Pub	olic Distribution/	'Dissemination
	Eric J Smith	М	08 ^M	/ 21 /	2014
	Mailing Address 4967 Dysartville	Amour	nt		
-	City State Zip Code				80.00
	Morganton NC 28655			n ID: e24f9fc6- bursement or C	-9cc1-4468-8
	Purpose of Expenditure Salary Category/ Type 001		08	21	2014
-	Name of Federal Candidate Support Office	e Sough	t:	House	District:00
	Ms. Kay Hagan Oppose	Preside		Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 251777.05 Disbut 2014	ursemen		,	General
ŀ				specify)	/Dingaraira : '
	Full Name of Payee Michael Chinchar		1 = M	olic Distribution	Y Y Y Y Y
	Mailing Address 2730 Dave Ward Dr	Amou	08 nt	21	2014
-	City State Zip Code				45.00
	Conway AR 72034	Transa Date	ction of Dis	ID: 858f1483- bursement or (4955-42d1-8 Dbligation
	Purpose of Expenditure Salary Category/ Type 001		08	/ 21 /	2014
-	Name of Federal Candidate Support Office	e Sough	t:	House	District:00
	W W LL B	Preside		X Senate	State: AR
				Primary	/ X General
((a) SUBTOTAL of Itemized Independent Expenditures				125.00
((b) SUBTOTAL of Unitemized Independent Expenditures			-	
((c) TOTAL Independent Expenditures				
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
		M /	23		Y Y 4
_	Signature				

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OF

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Schedule E)	LIVI EXI LIVE	TIONES	PAGE FOR S	8 OF 65 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIF	ICATION NUMBER ▼
Women Speak Out PAC			C C0053	0766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	D / Y = Y = Y
Full Name of Payee Michael Chinchar			Date of Public Distril	
Mailing Address 2730 Dave Ward Dr			08 2	
2 2700 Bave Wald Bi			Amount	
City	State	Zip Code		4.50
Conway	AR	72034	Transaction ID : 80c Date of Disbursemen	
Purpose of Expenditure Mileage		Category/ Type 002	08 / 2	
Name of Federal Candidate		Support	Office Sought: Hou	se District: 00
Mr. Mark L Pryor		Oppose	President X Sen	ate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	61823.90	Disbursement For: P 2014 Other (specify)	rimary Seneral
Full Name of Payee			Date of Public Distri	bution/Dissemination
Lisa Miller			08 / 2	1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 718 Azalea Dr.			Amount	
Unit 453				
City	State	Zip Code		50.00
Hampstead	NC	28443	Transaction ID : 8bd Date of Disbursement	
Purpose of Expenditure Salary		Category/ Type 001	08 / 2	
Name of Federal Candidate		Support	Office Sought: Hou	ise District:00
Ms. Kay Hagan		X Oppose	President X Sen	
Calendar Year-To-Date Per Election for Office Sought	7 7	251777.05	Disbursement For: P 2014 Other (specify)	rimary X General
(a) SUBTOTAL of Itemized Independent Expen	ditures		•	54.50
/b) CURTOTAL of Unitamized Independent Every	anditure a			7 1 7 1
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	49-
(c) TOTAL Independent Expenditures			>	77. 1 77. 1
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 23	2014
J				

Schedule E)	DENT EXILIAD	HOHES	PAGE 9 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repor	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Miller			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 718 Azalea Dr.			Amount
Unit 453			
City	State	Zip Code	13.59
Hampstead	NC	28443	Transaction ID: be42f9a7-c88c-412d-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		251777.05	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lorri Anderson			08 21 Y Y Y Y Y
Mailing Address 7214 Duchamp Dr			Amount
City	State	Zip Code	30.00
Charlotte	NC	23215	Transaction ID : 21d59e0b-80d8-410b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	251777.05	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expe	nditures		43.59
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			•
	andidate or authorize		ot made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 23 2014
5.g. (a.a.)			

Schedule E)	PAGE 10 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amen	ds report filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Lorri Anderson	08
Mailing Address 7214 Duchamp Dr	Amount
City State Zip Code	11.10
Charlotte NC 23215	Transaction ID: 62f474ea-6c63-46d5-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 08 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Sup	pport Office Sought: House District: 00
Ma Kasallanaa	pose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 251777.05	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Casey Stockton	08 21 2014
Mailing Address 105 South Dale St	00 21 2017
.55 555 2 3 2 3	Amount
City State Zip Code	40.00
Spruce Pine NC 28777	Transaction ID: 4b299135-7b48-47e0-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001
Name of Federal Candidate Sup	pport Office Sought: House District: 00
Ms. Kay Hagan Opp	
Calendar Year-To-Date Per Election for Office Sought 251777.05	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	51.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or aparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 08 23 2014
Signature	

Schedule E)	PAGE 11 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	0 00000000
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Casey Stockton Mailing Address 105 South Dale St	08 / 08 / 21 / 4 2014
Am Am	nount
City State Zip Code	14.10
Da	ansaction ID : b1fcbfd2-d71f-4a9d-9 ute of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / 21 / 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Me Kay Hagan	sident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 251777.05 Disbursem	nent For:
	ate of Public Distribution/Dissemination
Mary Johnson	08 21 2014
Mailing Address 105 South Dale St	
	nount
City State Zip Code	40.00
_ · Da	nsaction ID: a8ad12a2-2dee-4a81-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 21 / 2014
Name of Federal Candidate Support Office Sol	ught: House District: 00
Ms. Kay Hagan Pre	esident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	ment For:
<u> </u>	
(a) SUBTOTAL of Itemized Independent Expenditures	54.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
	45 45 45
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	23 2014
Signature	

Schedule E)	INI EXPEND	DITOILS	PAGE 12 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee Peter Sahuc			Date of Public Distribution/Dissemination
Mailing Address 107 Phillip Ave			08 21 2014
			Amount
City	State	Zip Code	30.00
Lafayette	LA	70503	Transaction ID: 5d713011-c711-45c9-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		94113.04	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Peter Sahuc			08 / 21 / 2014
Mailing Address 107 Phillip Ave			Amount
City	State	Zip Code	3.93
Lafayette	LA	70503	Transaction ID: 84ff5812-99d1-4b9f-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-,,	94113.04	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		▶ 33.93
(2) 00010112 01 10111201 1110001 210011 210011			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		
(c) TOTAL Independent Expenditures			
	lidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 08 23 2014
Signature			

Schedule E)	DENT EXTEND	HOHLO	PAGE 13 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee Shantal C Culbreath			Date of Public Distribution/Dissemination
Mailing Address 4691 Hercules Lane			08 21 2014 Amount
City Woodbridge	State VA	Zip Code 22193	80.00 Transaction ID: 2c9cc265-7e5e-43a0-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 21 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		251777.05	Disbursement For:
Full Name of Payee David Ford			Date of Public Distribution/Dissemination
Mailing Address 106 Hillside St			08 21 2014 Amount
City	State	Zip Code	82.50
Spindale	NC	28160	Transaction ID: 29a88317-d53b-4782-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		251777.05	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		162.50
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			
			7 7 7
	andidate or authorized		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 23 2014
Olgitatule			

Schedule E)	WI EXI END	HORLS	PAGE 14 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	23.25
Spindale	NC	28160	Transaction ID : 3f7b8154-bdb9-4313-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	251777.05	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Shantal C Culbreath			08 / 21 / 2014
Mailing Address 4691 Hercules Lane			Amount
City	State	Zip Code	80.00
Woodbridge	VA	22193	Transaction ID: 9303e765-0f27-4b17-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	251777.05	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		. ▶ 103.25
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•
(c) TOTAL Independent Expenditures			· • · · · · · · · · · · · · · · · · · ·
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorized		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	LIVI LXI LIVI	DITOTILO	PAGE 15 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lourdes Lopez			08 / 21 / 2014
Mailing Address 2936 Brushwood Ave			Amount
City	State	Zip Code	30.00
Springdale	AR	72764	Transaction ID : e6bcb6c3-8966-4421-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	61823.90	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lourdes Lopez			08 21 2014
Mailing Address 2936 Brushwood Ave			Amount
City	State	Zip Code	9.00
Springdale	AR	72764	Transaction ID : 7c98f202-f78f-4d49-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	61823.90	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		39.00
(1) OUDTOTAL (11) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(b) SUBTOTAL of Unitemized Independent Expe	enditures		. •
(c) TOTAL Independent Expenditures			>
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 08 23 7 2014

Schedule E)	IN EXILID	HONES	PAGE 16 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jenna M Ledford			08 21 2014
Mailing Address 2279 Gouges Creek Rd			Amount
City	State	Zip Code	55.00
Spruce Pine	NC	28777	Transaction ID : dd179efd-0a28-4a14-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		251777.05	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Jenna M Ledford			08 / 21 / 2014
Mailing Address 2279 Gouges Creek Rd			Amount
City	State	Zip Code	20.64
Spruce Pine	NC	28777	Transaction ID: 1731be84-f9d6-4f6d-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	251777.05	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		75.64
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	lidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Sch	edule E)	EXI END	TOTILO				PAGE 17 OF 65 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC					C	C00530766
Oh a a	k if 24-hour report X 48-hour report	New repo			t filed as	- M /	D = D / Y = Y = Y
Chec	k if 24-hour report X 48-hour report	New repo	ort Amend	is repor	t filed on		
	iull Name of Payee Jodi Fountain					of Public	Distribution/Dissemination
M	Mailing Address 1010 S Dogwood Drive				Amou	nt	
C	Dity S	State	Zip Code				10.00
- 1	Bogalusa	LA	70427				D: d557b129-0afb-4e18-b rsement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		08	21 / 2014
Ν	lame of Federal Candidate		Supp	port	Office Sough	t:	House District: 00
ľ	Ms. Mary L Landrieu		X Opp	ose	Preside	ent >	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		94113.04		Disbursemen 2014 O	t For: ther (sp	Primary X General ecify) ►
	Full Name of Payee				Date	of Public	Distribution/Dissemination
	Nick Berryhill				T.	08	21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 905 Lake Drive				Amou	nt	
	Dity	State	Zip Code				60.00
-	Shelby	NC	28152		Transa	ction ID	: 3eb9a95e-45e9-4fa0-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		08	21 / 2014
N	Name of Federal Candidate		Supp	port	Office Sough	t:	House District: 00
ľ	Ms. Kay Hagan		X Opp	ose	Preside	ent >	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		251777.05		Disbursemer 2014 C	t For: ther (sp	Primary X General
(a)) SUBTOTAL of Itemized Independent Expenditures.						70.00
						7	7
(b)) SUBTOTAL of Unitemized Independent Expenditure	es			•	-7	
(c)	TOTAL Independent Expenditures				•		
wit	der penalty of perjury I certify that the independent th, or at the request or suggestion of, any candidate rty committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electroni	cally Filed]	Date	M = M /	23	2014
	Signature		_				

Schedule E)		NOCINI EXI END	TOTILO		PAGE 18 OF 65 FOR SE OF FORM 24/48
NAME OF COMM					FEC IDENTIFICATION NUMBER ▼
Women Spe	eak Out PAC				C C00530766
					- M / D - D / Y - Y - Y
Check if 24-l	nour report 🔀 48-hour rep	port X New repo	ort Amends repo	ort filed on	
Full Name of Nick Ber					of Public Distribution/Dissemination
Mailing Addre	ss 905 Lake Drive			─	08 21 2014
				Amoui	nt
City		State	Zip Code		33.00
Shelby		NC	28152		action ID: ecb43be8-7e64-4f7d-b of Disbursement or Obligation
Purpose of Example Mileage	xpenditure		Category/ Type 002	M	08 / 21 / Y Y Y Y Y
Name of Fede	eral Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Haga	an		X Oppose	Preside	ent Senate State: NC
	Year-To-Date tion for Office Sought	2	51777.05	Disbursemen 2014	t For: Primary ⊠ General
Full Name of				Date of	of Public Distribution/Dissemination
Linda J F	ueling			M	08 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Addre	ess 6424 Purple Martin Ct				
				Amou	nt
City		State	Zip Code		55.00
Wilmington		NC	28411	Transa Date o	ction ID: f1ffe755-567e-4fa3-9 of Disbursement or Obligation
Purpose of E Salary	xpenditure		Category/ Type 001	M	08 / 21 / Y Y Y Y Y
Name of Fed	eral Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hag	an		X Oppose	Preside	ent Senate State: NC
	r Year-To-Date tion for Office Sought		251777.05	Disbursemen 2014 O	t For:
(a) SUBTOTAI	L of Itemized Independent Ex	penditures		•	88.00
(b) SUBTOTAL	L of Unitemized Independent	Expenditures		· •	
(c) TOTAL Ind	ependent Expenditures			•	7 1 7 1 7
with, or at the		candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	Is. Emily Buchanan	[Electron	ically Filed] Date	9 08	23 / 2014
Signature					

Schedule E)	IDENT EXICIO	TIONES	PAGE 19 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	ort New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Linda J Fueling			08 21 2014
Mailing Address 6424 Purple Martin Ct			Amount
City	State	Zip Code	15.63
Wilmington	NC	28411	Transaction ID: 949b8c55-0999-4b7b-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		251777.05	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Tammay Williams			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 924 N. Prieur St			Amount
City	State	Zip Code	80.00
New Orleans	LA	70116	Transaction ID: 090de6b8-d7af-4276-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	,,,,	94113.04	Disbursement For: Primary General
(a) SUBTOTAL of Itemized Independent Exp	enditures		95.63
(,			7 7
(b) SUBTOTAL of Unitemized Independent E	xpenditures		>
(c) TOTAL Independent Expenditures			·
	candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E	E)				PAGE 20 OF 65 FOR SE OF FORM 24/48
	DMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women S	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	t New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name	of Payee			Date of	Public Distribution/Dissemination
	ay Williams			O	NM / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Ad	ddress 924 N. Prieur St			Amount	
City		State	Zip Code		13.20
New Orle	ans	LA	70116		ction ID : 4faa8047-b598-4658-b Disbursement or Obligation
Purpose of Mileage	of Expenditure		Category/ Type 002	M	
Name of	Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary	L Landrieu		X Oppose	Presiden	Senate State: LA
	ndar Year-To-Date Election for Office Sought		94113.04	Disbursement 2014 Oth	For: Primary
	e of Payee			Date of	Public Distribution/Dissemination
Antoin	ette Franklin				08 21 2014
Mailing A	ddress 8822 Apple St				لىنىا لىا ك
				Amount	
City		State	Zip Code		40.00
New Orle		LA	70188	Transac Date of	tion ID: 850aec93-c982-41c3-9 Disbursement or Obligation
Purpose of Salary	of Expenditure		Category/ Type 001		8 / 21 / 2014
Name of	Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary	L Landrieu		Oppose	Presider	nt Senate State: LA
	ndar Year-To-Date Election for Office Sought	.,,	94113.04	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTO	OTAL of Itemized Independent Exper	nditures		•	53.20
(b) SUBTO	PTAL of Unitemized Independent Ex	penditures		•	4 4
(c) TOTAL	Independent Expenditures			· •	7
with, or at	alty of perjury I certify that the inde the request or suggestion of, any ca nittee) any political party committee	andidate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 08	23 2014
Signatu	re		_		

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
1	Jessica Habakjian	08 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 4193 W. Lang St	Amount
	City State Zip Code	60.00
	Farmville NC 27828	Transaction ID : 2239f24e-c0a6-43d1-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08 / 21 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
1	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbur 251777.05 Disbur 2014	sement For: Primary X General Other (specify) ▶
	Full Name of Payee	Date of Public Distribution/Dissemination
	Jessica Habakjian	08 21 2014
	Mailing Address 4193 W. Lang St	Amount
1	City State Zip Code	9.60
		Transaction ID: 46714a20-4501-44b0-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	08 / 21 / 2014
1	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	sement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	69.60
	(b) SUBTOTAL of Unitemized Independent Expenditures	1.7.1.7.1.2.1
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not many with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 08	M / D D / Y Y Y Y Y Y Z Y Z Y Z Z Z Z Z Z Z Z Z
	Signature	

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Schedule E)	KI ENDITOTIES	PAGE 22 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report fil	ed on M M / D D / Y Y Y Y Y
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination
Mailing Address 110 W Pecan St		08 21 2014 Amount
City Sta	te Zip Code	60.00
Ville Platte	·	Transaction ID : 652f49be-d809-4588-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 21 / 2014
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Ms. Mary L Landrieu	Oppose [President State: LA
Calendar Year-To-Date Per Election for Office Sought	94113.04 Dis	sbursement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Christopher Marquess		08 21 2014
Mailing Address 110 W Pecan St		Amount
City Sta	te Zip Code	39.30
Ville Platte	·	Transaction ID : e6e5d127-839a-4596-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Ms. Mary L Landrieu	Oppose [President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary
(a) CUDTOTAL of the circuit and bed accorded to the control of the circuit and		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	99.30
(b) SUBTOTAL of Unitemized Independent Expenditures.	······	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eit	
Ms. Emily Buchanan	[Electronically Filed] Date	08 23 2014
Signature		

Schedule E)	VI EXI END	71.01120		PAGE 23 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	D = D / Y = Y = Y
Full Name of Payee Sue G Walker			M = M	c Distribution/Dissemination
Mailing Address 3 Girard			08 Amount	21 2014
City	State AR	Zip Code	Transaction	30.00 ID : 538b152a-ba2e-4383-b
Fort Smith Purpose of Expenditure Salary	AK	72901 Category/ 001	Date of Disbu	ursement or Obligation
Name of Federal Candidate		Type Support	Office Sought:	21 2014 House District: 00
Mr. Mark L Pryor		Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	61823.90	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
Full Name of Payee Sue G Walker			Date of Publi	c Distribution/Dissemination
Mailing Address 3 Girard			Amount	21 2014
City Fort Smith	State AR	Zip Code 72901	Transaction II	7.80 D : 4ede99eb-2c13-4482-9
Purpose of Expenditure Mileage		Category/ 002		ursement or Obligation / 21
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	61823.90	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		•	37.80
(b) SUBTOTAL of Unitemized Independent Expend	itures		· • · · · · · · · · · · · · · · · · · ·	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 23	2014

Schedule E)	IVI EXI EIVE	TIONES	PAGE 24 OF 69 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	R ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	Y
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Disseminatio	
Mailing Address 629 Radiance Ave			08 21 2014 Amount	
			Allount	_
City	State	Zip Code	20.0	_
Metairie	LA	70001	Transaction ID: 718e1ab0-ff91-41c3-b Date of Disbursement or Obligation)
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	0
Ms. Mary L Landrieu		Oppose	President State: LA	
Calendar Year-To-Date Per Election for Office Sought	7	94113.04	Disbursement For: Primary Gene 2014 Other (specify) ▶	eral
Full Name of Payee			Date of Public Distribution/Dissemination	n
Evelyn Lesaicherre			08 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Mailing Address 629 Radiance Ave			Amount	
City	State	Zip Code	3.00	
Metairie	LA	70001	Transaction ID: 42c04a67-413f-4643-8 Date of Disbursement or Obligation	_
Purpose of Expenditure Mileage		Category/ Type 002	08 / 21 / 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 0	0
Ms. Mary L Landrieu		X Oppose	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought	7	94113.04	Disbursement For: Primary General Other (specify) ▶	eral
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		23.00	\neg
				Ξ.
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	_
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 23 7 2014	
3.ga.a. 0				

			FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)	FEC IDI	ENTIFICATION NUMBER ▼
VVC	omen Speak Out PAC	C	C00530766
Chec	k if 24-hour report X 48-hour report New report Amends report filed of	on/	D = D / Y = Y = Y = Y
	ull Name of Payee Jeffrey Hampton	Date of Public	Distribution/Dissemination
	· ·	08	21 2014
M	failing Address 1700 E Part Ave	Amount	
С	Sity State Zip Code		32.50
	Searcy AR 72149		D: a8ae75f8-8fde-4fd9-8 rsement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08	21 / 2014
N	lame of Federal Candidate Support Office	Sought:	House District: 00
N	Mr. Mark L Pryor Oppose	President X	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	sement For:	Primary
	Jeffrey Hampton Mailing Address 1700 E Part Ave		Distribution/Dissemination
	1.55 = 1.5.1115	Amount	
C	City State Zip Code		24.18
_			: bdf5ac96-b8b5-4e93-8 rsement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	08	21 / 2014
Ν	lame of Federal Candidate Support Office	Sought:	House District:00
ľ	Mr. Mark L Pryor Oppose	President X	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	sement For: Other (spe	Primary
(a)	SUBTOTAL of Itemized Independent Expenditures	7	56.68
(b)	SUBTOTAL of Unitemized Independent Expenditures		7
(c)	TOTAL Independent Expenditures		1 4 1 4 1
wit	der penalty of perjury I certify that the independent expenditures reported herein were not made, or at the request or suggestion of, any candidate or authorized committee or agent of either, rty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date O8	M / D D D 23	2014
	Signature		

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Schedule E)	EXI ENDI	OHEO		PAGE 26 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repor	rt Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Gregory Green				of Public Distribution/Dissemination
Mailing Address 2506 Bolch Street			Amou	08 21 2014 nt
City	State Z	Zip Code		70.00
Shreveport		71104		action ID : 60ce058f-8aa9-4aff-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	08 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	9	4113.04	Disbursement 2014 O	t For:
Full Name of Payee			Date of	of Public Distribution/Dissemination
Gregory Green			M	08 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2506 Bolch Street			Amou	
City S	State 2	Zip Code		16.80
'		71104		ction ID : 559f31f3-a5f2-4f05-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		08 21 7 2014
Name of Federal Candidate	<u> </u>	Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	1 1 7	94113.04	Disbursemen 2014 O	t For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures				86.80
(b) SUBTOTAL of Unitemized Independent Expenditures	es			
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electronic	ally Filed] Date	e 08	23 2014
Signature				

Schedule E)	EXI END	TOTILO			PAGE 27 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC					C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amend	ds report	filed on /	D = D / Y = Y = Y = Y
Full Name of Payee Barbara A Williams				M = M /	Distribution/Dissemination
Mailing Address 3002 Darden Rd				08 Amount	21 2014
Apt A					
1 '	State NC	Zip Code 27407			B0.00 D: 1a7de52f-9e35-4bdd-9 presement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	Date of Disbu	21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Sun	port	Office Sought:	House District: 00
Ms. Kay Hagan		У Орр			Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		51777.05		Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			<u>'</u>	Date of Public	c Distribution/Dissemination
Lily Green				M = M 08	21 2014
Mailing Address 205 Medallion Circle				Amount	2
City	State	Zip Code			80.00
Shreveport	LA	71119		Transaction II Date of Disbu	D: fcf40361-c841-41f1-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	08	21 2014
Name of Federal Candidate		Sup	port	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Opp		President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		94113.04		Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures					160.00
(b) CURTOTAL of Unitamized Independent Evpanditure	20				
(b) SUBTOTAL of Unitemized Independent Expenditure				•	
(c) TOTAL Independent Expenditures				>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized				
Ms. Emily Buchanan	[Electroni	ically Filed]	Date	08 / 23	2014
Signature					

Schedule E)	ZIVI ZXI ZIVI	SHORLS	PAGE 28 OF 65 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC			C C00530766		
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on		
Full Name of Payee			Date of Public Distribution/Dissemination		
Lily Green			08 / 21 / 2014		
Mailing Address 205 Medallion Circle			Amount		
City	State	Zip Code	19.50		
Shreveport	LA	71119	Transaction ID : 914e6065-7658-4326-b Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	08 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District:00		
Ms. Mary L Landrieu		X Oppose	President Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		94113.04	Disbursement For: Primary General 2014 Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination		
Malinda Ledford			08 21 2014		
Mailing Address 44 Bell Street Ext			Amount		
City	State	Zip Code	70.00		
Spruce Pine	NC	28777	Transaction ID : 1a7787b9-bdaf-44f2-a Date of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	08 / 21 / 2014		
Name of Federal Candidate		Support	Office Sought: House District:00		
Ms. Kay Hagan		X Oppose	President Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	.,,,,	251777.05	Disbursement For: Primary General 2014 Gther (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expen	ditures		. ▶ 89.50		
			7 7 7		
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>		
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 23 2014		
Signature					

Schedule E)		TIONES	PAGE 29 OF 65 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC			C C00530766		
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on		
Full Name of Payee			Date of Public Distribution/Dissemination		
Malinda Ledford			08 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 44 Bell Street Ext			Amount		
City	State	Zip Code	33.60		
Spruce Pine	NC	28777	Transaction ID: 5e7615f8-322c-484e-a Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	08		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Ms. Kay Hagan		X Oppose	President Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		251777.05	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination		
Virginia M Stevens			08 21 2014		
Mailing Address 1691 Fork Mtn Rd			Amount		
City	State	Zip Code	70.00		
Bakersville	NC	28705	Transaction ID: 43804e31-2f74-4b81-a Date of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Ms. Kay Hagan		Oppose	President Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		251777.05	Disbursement For: Primary General 2014 General Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expendent	tures		103.60		
(b) SUBTOTAL of Unitemized Independent Expe	nditures)		
(c) TOTAL Independent Expenditures			>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
-					

Women Speak Out PAC C coopsioned C coopsioned	ochedule L)						FOR SE OF	FORM 24/48
Check if	NAME OF COMMITTEE (In Full)					FEC	IDENTIFICATION	ON NUMBER ▼
Full Name of Payee Lisa Booth Mailing Address 1434 South Avenue Full Name of Payee Lisa Booth Mailing Address 1434 South Avenue City State Zip Code Belief To Date Per Election for Office Sought City State Zip Code Size Zip Code Ms. Kay Hagan City State Zip Code Per Geral Candidate Ms. Kay Hagan City State Zip Code Per Geral Candidate Ms. Kay Hagan Category' City State Zip Code Per Geral Candidate Ms. Kay Hagan Category' City State Zip Code Per Geral Candidate Ms. Kay Hagan Category' City State Zip Code Category' Code	vvomen Speak Out PAC					С	C00530766	
Mailing Address 1691 Fork Min Rd City State Zip Code NC 28705 Bakersville NC 28705 Purpose of Expenditure Mileage Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Purpose of Expenditure City State Zip Code President Senate State: NC Calendar Year-To-Date Purpose of Expenditure Mailing Address 1434 South Avenue Date of Public Distribution/Dissemination Mailing Address 1434 South Avenue Calendar Year-To-Date Purpose of Expenditure Salary Name of Federal Candidate NC 27288 Transaction ID: 20787323-470c-464a-9 Date of Distursement For: Primary Senete State: NC Oppose President Senate State: NC Other (specify) ▶ Date of Public Distribution/Dissemination "Other (specify) ▶ Date of Public Distribution/Dissemination "Other (specify) ▶ Transaction ID: 20787323-470c-464a-9 Date of Public Distribution/Dissemination "Other (specify) ▶ Date of Public Distribution/Dissemination "Other (specify) ▶ Transaction ID: 20787323-470c-464a-9 Date of Public Distribution/Dissemination "Other (specify) ▶ Transaction ID: 20787323-470c-464a-9 Date of Public Distribution/Dissemination "Other (specify) ▶ Transaction ID: 20787323-470c-464a-9 Date of Public Distribution/Dissemination "Other (specify) ▶ Transaction ID: 20787323-470c-464a-9 Date of Public Distribution/Dissemination "Other (specify) ▶ Transaction ID: 20787323-470c-464a-9 Date of Public Distribution/Dissemination "Other (specify) ▶ Transaction ID: 20787323-470c-464a-9 Date of Public Distribution/Dissemination "Other (specify) ▶ Transaction ID: 20787323-470c-464a-9 Date of Public Distribution/Dissemination "Other (specify) ▶ Transaction ID: 20787323-470c-464a-9 Date of Public Distribution/Dissemination "Other (specify) ▶ Transaction ID: 20787323-470c-464a-9 Date of Public Distribution/Dissemination "Other (specify) ▶ Transaction ID: 20787323-470c-464a-9 Date of Public Distribution/Dissemination "Other (specify) ▶ Transaction ID: 20787323-470c-464a-9 Date of Public Distribution/Dissemination "Other (specify	Check if 24-hour report X 48-hour report	New repo	ort Am	nends repo	rt filed on	M = M	/ D D /	Y - Y - Y - Y
Mailing Address 1691 Fork Mtn Rd City State Zip Code NC 28705 Mailing Address 1691 Fork Mtn Rd NC 28705 Name of Federal Candidate Support Mileage Category/ Type 002 Calendar Year-To-Date Per Disbursement or Obligation City State Zip Code Disbursement For: Primary General Purpose of Expenditure Salary Name of Federal Candidate NC 27288 Purpose of Expenditure State: NC Disbursement For: Primary General Purpose of Expenditure Salary Name of Pederal Candidate NC 27288 Purpose of Expenditure Salary City State Zip Code Category/ Type 001 Name of Federal Candidate NC 27288 Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Support Office Sought Transaction ID: addb8712-6340-492a-9 Date of Disbursement or Obligation OB 21 2014 Amount City State Zip Code Transaction ID: addb8712-6340-492a-9 Date of Disbursement or Obligation OB 21 2014 Category/ Obligation ID: 20787a23-470c-4e4a-9 Disbursement For: Primary General Primary Category Date of Public Distribution/Dissemination OB 21 2014 Category/ Obligation ID: 20787a23-470c-4e4a-9 Date of Public Distribution/Dissemination OB 21 2014 Amount City State Zip Code Transaction ID: addb8712-6340-492a-9 Date of Disbursement or Obligation OB 21 2014 Category/ Obligation ID: 20787a23-470c-4e4a-9 Date of Public Distribution/Dissemination OB 21 2014 Category/ Date of Public Distribution/Dissemination OB 21 2014 Category/ Obligation ID: 20787a23-470c-4e4a-9 Date of Public Distribution/Dissemination OB 21 2014 Category/ Date of Public Distribution/Dissemination OB 21 2014 Cate	Full Name of Payee				Da	ate of Pub	lic Distribution	/Dissemination
City State Zip Code Bakersville NC 28705 Purpose of Expenditure Mileage Category yppe 002 Name of Federal Candidate Name of Federal Candidate Name of Federal Candidate Support Office Sought: House District: 00 Ms. Kay Hagan Office Sought Senate State: NC Calendar Year-To-Date Per Election for Office Sought City State Zip Code Eden NC 27288 Purpose of Expenditure Salary Category 001 Ms. Kay Hagan City State Zip Code Eden NC 27288 Purpose of Expenditure Salary Category 001 Ms. Kay Hagan Mamount Amount City Category 10 Mamount Amount City Category 10 Mamount Mamount Ms. Kay Hagan Category 10 Ms. Kay Hagan Category 10 Ms. Kay Hagan Category 10 Ms. Kay Hagan Mamount Amount City Category 10 Ms. Kay Hagan Mamount Ms. Kay Hagan Transaction ID: 207872-32 Date of Disbursement For: printing NC Option Ms. Kay Hagan								
Bakersville NC 28705 Transaction ID: 20787a23-470c-4e4a-9 Date of Disbursement or Obligation Name of Federal Candidate Na. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate NC Calendar Year-To-Date Salary Name of Federal Candidate NC Category' Type Onc Transaction ID: 20787a23-470c-4e4a-9 Date of Disbursement or Obligation NC President Senate State NC Disbursement For: Primary & General Date of Public Distribution/Dissemination One One Transaction ID: addb8712-63a0-492a-9 Date of Public Distribution/Dissemination One One Transaction ID: addb8712-63a0-492a-9 Date of Public Distribution/Dissemination One One Transaction ID: addb8712-63a0-492a-9 Date of Public Distribution/Dissemination One One Transaction ID: addb8712-63a0-492a-9 Date of Public Distribution/Dissemination One One Transaction ID: addb8712-63a0-492a-9 Date of Public Distribution/Dissemination One One Transaction ID: addb8712-63a0-492a-9 Date of Public Distribution/Dissemination One One Transaction ID: addb8712-63a0-492a-9 Date of Public Distribution/Dissemination One One Transaction ID: addb8712-63a0-492a-9 Date of Disbursement For: One One Transaction ID: addb8712-63a0-492a-9 Date of Disbursement For: One One Office Sought: Transaction ID: addb8712-63a0-492a-9 Date of Disbursement For: One One One One One One One On	Mailing Address 1691 Fork Mtn Rd				Ar	nount		
Bakersville NC 28705 Transaction ID: 20787a23-470c-4e4a-9 Date of Disbursement or Obligation Miseage Name of Federal Candidate Nas. Kay Hagan Calegory/ Name of Payer Lisa Booth Mailling Address 1434 South Avenue City State Zip Code Eden NC 27288 Purpose of Expenditure Amount City State Zip Code Eden NC 27288 Purpose of Expenditure Salary Calegory/ Name of Federal Candidate NC 27288 Purpose of Expenditure Salary Calegory/ Salary Calegory/ Type Ont Office Sought: House Distribution/Dissemination Amount Amount Amount City State Zip Code Eden NC 27288 Purpose of Expenditure Salary Calegory/ Type Ont Office Sought: House District: Oo Ms. Kay Hagan NC Calegory/ Type Ont Office Sought: House District: Oo President Senate State: NC Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Index penditures Index penditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee or its agent.	City	State	Zip Code		— F			33.60
Purpose of Expenditure Mileage Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Salary Name of Federal Candidate NC Calendar Year-To-Date Purpose of Expenditure Salary Calendar Year-To-Date Purpose of Expenditure Salary NC Category/ Soppose Disbursement For: Primary General 2014 Amount City State Zip Code Eden NC 27288 Purpose of Expenditure Salary Name of Federal Candidate NC Category/ Type Out Transaction ID: addb8712-63a0-492a-9 Date of Disbursement or Obligation Transaction ID: addb8712-63a0-492a-9 Date of Disbursement For: Disbursement For: Primary General Office Sought: House District: O0 Ms. Kay Hagan Oppose President Senate State: NC Disbursement For: Primary General Other (specify) > Inder (s	Bakersville	NC	28705					
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Lisa Booth Mailing Address 1434 South Avenue City State Zip Code Eden NC 27288 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought NC 27288 Transaction ID: addb8712-530-492a-9 Date of Disbursement For: 2014 Amount Amount City State Zip Code Eden NC 27288 Transaction ID: addb8712-530-492a-9 Date of Disbursement or Obligation Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office So				002		M = M	/ D D /	YYYY
Ms. Kay Hagan Calendar Year-To-Date President Senate State NC	Name of Federal Candidate		<u>'</u> ;	Support	Office So	ught:	House	District:00
Per Election for Office Sought Full Name of Payee Lisa Booth Malling Address 1434 South Avenue City State Zip Code Eden NC 27288 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. [Electronically Filed] Date Other (specify) ▶ Disbursement For: Primary ★ General 2014 Other (specify) ▶ 133.60 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. [Electronically Filed] Date Other (specify) ▶	Ms. Kay Hagan		X	Oppose			Senate	State: NC
Full Name of Payee Lisa Booth Mailing Address 1434 South Avenue City State Zip Code Eden NC 27288 Purpose of Expenditure Salary Category/ Do1 NS. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. In the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. In the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. In the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. In the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	I	2	51777.05			7		General
Lisa Booth Mailing Address 1434 South Avenue City State Zip Code Eden NC 27288 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calegory/ Type 001 Ns. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Calendar Year-To-Date Per Election for Office Sought (c) TOTAL Independent Expenditures (d) SUBTOTAL of Unitemized Independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. (Electronically Filed) Date MS W 21	, ,	, ,				Other (s	specify) 🕨	
Mailing Address 1434 South Avenue City					Da	M = M		Y Y Y Y Y
City State Zip Code Eden NC 27288 Purpose of Expenditure Salary Category/ O01 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Transaction ID: addb8712-63a0-4922a-9 Date of Disbursement or Obligation Transaction ID: addb8712-63a0-4922a-9 Date of Disbursement For: path of Disbursement For: political party committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	Mailing Address 1434 South Avenue					08	21	2014
Eden NC 27288 Transaction ID: addb8712-63a0-492a-9 Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ 001 Name of Federal Candidate Ms. Kay Hagan Support Calendar Year-To-Date Per Election for Office Sought Transaction ID: addb8712-63a0-492a-9 Date of Disbursement or Obligation Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Transaction ID: addb8712-63a0-492a-9 Date of Disbursement or Obligation Ms. Enalty House Disbursement For: Primary Other (specify) Other (specify) 133.60 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date Transaction ID: addb8712-63a0-492a-9 Date of Disbursement For: Primary Other (specify) Other (specify) Other (specify) Date Transaction ID: addb8712-63a0-492a-9 Date of Disbursement For: Primary Other (specify) President Substruct: Other (specify) Date To Date Transaction ID: addb8712-63a0-492a-9 Date of Disbursement For: Primary Other (specify) President Substruct: Other (specify) Date Transaction ID: addb8712-63a0-492a-9 Date of Disbursement For: Primary Other (specify) Date Transaction Date of Disbursement For: Primary Other (specify) President Substruct: Other (specify)					Ar	mount		
Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date of Disbursement or Obligation Office Sought: House District: 00 Disbursement For: Primary General 2014 Other (specify) 133.60 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	City	State	Zip Code				7-1-1-7	
Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calen		NC	27288		Tra Da	insaction ate of Dis	ID: addb8712 bursement or 0	2 -63a0-492a-9 Obligation
Ms. Kay Hagan Calendar Year-To-Date President Senate State: NC				001				
Calendar Year-To-Date Per Election for Office Sought 251777.05 Disbursement For: Primary General 2014 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidate			Support	Office Sc	ought:	House	District: 00
(a) SUBTOTAL of Itemized Independent Expenditures	Ms. Kay Hagan		X	Oppose	Pre	esident	X Senate	State: NC
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7	251777.0	5		_		/ X General
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date Date Date	(a) SUBTOTAL of Itemized Independent Expenditure	98			• [- 1 - 25	133.60
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(b) SUBTOTAL of Unitemized Independent Expendit	ures			•			
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(c) TOTAL Independent Expenditures				•			
[Electronically Filed] Date 08 23 2014	with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political							
<u> </u>	Ms. Emily Buchanan	[Electroni	cally Filed]	Date				
	Signature							

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OF

65

Women Speak Out PAC C coos30766	ooneddie Ly				FOR SE OF FORM 24/48
Check if	NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Lisa Booth Mailing Address 1434 South Avenue NC 27288 Name of Expenditure Mileage NC 27288 Name of Federal Candidate Ms. Kay Hagan Name of Federal Candidate Ms. Kay Hagan Name of Payee Logan B Piper Mailing Address 3205 Pebble Beach Rd City State Caregony Mailing Address 3205 Pebble Beach Rd Caregony Caregony Mark L Pryor Caredara Year-To-Date Purpose of Expenditure Mailing Address 3205 Pebble Beach Rd Caregony Name of Federal Candidate Mr. Mark L Pryor Caredara Year-To-Date Purpose of Expenditure Mailing Address 3205 Pebble Beach Rd Caregony Name of Federal Candidate Mr. Mark L Pryor Caredara Year-To-Date Per Election for Office Sought Caregony Name of Federal Candidate Mr. Mark L Pryor Caredara Year-To-Date Per Election for Office Sought Caregony Caregony	vvomen Speak Out PAC				C C00530766
Lisa Booth Mailing Address 1434 South Avenue City State Zip Code Reden NC 27288 Purpose of Expenditure Mileage Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought City State Zip Code Per Election for Office Sought City State Zip Code Per Election for Office Sought Category/ Oppose Disbursement For: Primary General State: NC Commany Amount Transaction ID : aee943e9-4316-4648-8 Date of Debursement or Obligation Transaction ID : aee943e9-4316-4648-8 Date of Debursement or Obligation Transaction ID : aee943e9-4316-4648-8 Date of Debursement or Obligation Transaction ID : aee943e9-4316-4648-8 Date of Debursement or Obligation Transaction ID : aee943e9-4316-4648-8 Date of Debursement or Obligation Transaction ID : aee943e9-4316-4648-8 Date of Debursement For: Primary General Per Election for Office Sought Transaction ID : aee943e9-4316-4648-8 Date of Debursement For: Primary Commanded State: No. 2014 Amount City State Zip Code Commany AR 72034 Amount Category/ Oppose Category/ Oppose Calendar Year-To-Date Per Election for Office Sought Transaction ID : aee943e9-4316-4648-8 Date of Debursement or Obligation Transaction ID : aee943e9-4316-4648-8 Date of Debursement For: Primary Commanded Obligation Transaction ID : aee943e9-4316-4648-8 Date of Debursement For: Defirict Door Commanded Obligation Transaction ID : aee943e9-4316-4648-8 Date of Debursement For: Primary Commanded Obligation Transaction ID : aee943e9-4316-4648-8 Date of Debursement For: Defirict Door Commanded Obligation Transaction ID : aee943e9-4316-4648-8 Date of Debursement For: Primary Commanded Obligation Transaction ID : aee943e9-4316-4648-8 Date of Debursement For: Door Commanded Obligation Transaction ID : aee943e9-4316-4648-8 Date of Debursement For: Door Commanded Obligation Transaction ID : aee943e9-4316-4648-8 Date of Debursement For: Primary Commanded Obligation Transaction ID : aee943e9-4316-4648-8 Date of Debursement For: Door Commanded Obligation Transaction ID : aee	Check if 24-hour report X 48	3-hour report New report	ort Amends repor	t filed on	M / D D / Y B Y B Y
Mailing Address 1434 South Avenue City State Zip Code NC 27288 Purpose of Expenditure Mileage Category/ Mileage State State State NC Oppose President Senate State: NC Oppose Disbursement or Obligation Office Sought State				Date o	of Public Distribution/Dissemination
City State Zip Code NC 27288 Purpose of Expenditure Maling Address 3205 Pebble Beach Rd City State Zip Code Cornway AR 72034 Name of Federal Candidate Mr. Mark L Pryor Name of Federal Candidate Amount City State Zip Code Conway AR 72034 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date President State: NC Disbursement For: Primary General President Support Office Sought Disbursement For: Primary General President Office Sought Disbursement or Obligation Office Sought Office Sought Disbursement or Obligation Office Sought Office Sought					
Eden NC 27288 Purpose of Expenditure Mileage Name of Federal Candidate NS. Kay Hagan Calegory/ NS. Kay Hagan Caledar Year-To-Date Per Election for Office Sought Full Name of Payee Logan B Piper Amount City State Conway AR 72034 Purpose of Expenditure Salary Name of Federal Candidate Name of Federal Candidate Name of Federal Candidate Name of Federal Candidate Name of Payee Logan B Piper Category/ Sippe Office Sought Transaction ID: ace9436e-4316-4648-8 Date of Disbursement or Obligation Persident Senate State: NC Disbursement For: Primary General Amount City State Zip Code Conway AR 72034 Purpose of Expenditure Salary Name of Federal Candidate Name of Federal Candidate Mile Support Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Oppose President Senate State: AR Disbursement For: Primary General Disbursement For: Primary General Disbursement For: Primary General Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures Disbursement For: Primary General Convertible Office Sought Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Disburse	Mailing Address 1434 South Aven	ue		Amoun	nt
Eden NC 27288 Purpose of Expenditure Mileage Name of Federal Candidate NS. Kay Hagan Calegory/ Type 0002 Name of Federal Candidate NS. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Logan B Piper Amount City State Conway AR 72034 Purpose of Expenditure Salary Name of Federal Candidate NS. Kay Payen Conway AR 72034 Name of Federal Candidate NS. Kay Payen Conway AR 72034 Name of Federal Candidate NS. Category/ 501	City	State	Zip Code		6.30
Purpose of Expenditure Mileage Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought City Comway Name of Federal Candidate Amount City Comway Name of Federal Candidate Amount City Comway Name of Federal Candidate Name of Pessident City Comway Name of Payee Comway AR T2034 Purpose of Expenditure Salary Name of Federal Candidate Name of Payee Comway Name of Payee Comway AR T2034 Purpose of Expenditure Salary Name of Federal Candidate Na			•		action ID : aee943e8-4316-4648-8
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Logan B Piper Mailing Address 3205 Pebble Beach Rd City State Zip Code Conway AR 72034 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate President Seanate State: NC Disbursement For: Primary Senate State: NC Category/ Transaction ID: e7b2718d-0931-4a7a-a Date of Disbursement or Obligation Office Sought: House District: 00 Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Unitemized Independent Expenditures. Under penalty of perjury 1 certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buckman Electronically Filed Date	· · · · · · · · · · · · · · · · · · ·			М	M / D D / Y Y Y
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Logan B Piper Mailing Address 3205 Pebble Beach Rd City State Zip Code Conway AR 72034 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Mr. Emily Buchanan (Electronically Filed) Date President Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Caleneral Other (specify) 19.30 President Senate State: AR Disbursement For: Primary Caleneral Other (specify) 19.30 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Mr. Emily Buchanan (Electronically Filed) Date	Name of Federal Candidate		Support	Office Sought	: House District: 00
Per Election for Office Sought Full Name of Payee Logan B Piper Malling Address 3205 Pebble Beach Rd City State Zip Code Conway AR 72034 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. In the period Date of Disbursement or Obligation Transaction ID: e7tb2718d-093f-447a-a Date of Disbursement or Obligation Transaction I	Ms. Kay Hagan				
Full Name of Payee Logan B Piper Mailing Address 3205 Pebble Beach Rd City State Zip Code Conway AR 72034 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calegory/ Oppose Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date of Public Distribution/Dissemination Malk / D21 / 2014 Amount Transaction ID: e7b2718d-993f-427-a Date of Disbursement or Obligation Tansaction ID: e7b2718d-993f-427-a Date of Disbursement or Obligation To Disbursement For: D1 Primary Senetal State: AR Disbursement For: Primary Senetal State: AR Other (specify) IM Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		t 2	51777.05	2014	
Logan B Piper Mailing Address 3205 Pebble Beach Rd	Full Name of Days				
Mailing Address 3205 Pebble Beach Rd City				M	-M / D D / Y Y Y Y
Conway AR 72034 Transaction ID: e7b2718d-093f-4a7a-a Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. IElectronically Filed Date Transaction ID: e7b2718d-093f-4a7a-a Date of Disbursement or Obligation Office Sought: House District: 00 President Senate State: AR Disbursement For: Primary General 2014 Other (specify) (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	Mailing Address 3205 Pebble B	each Rd			
Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	City	State	Zip Code		13.00
Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Category/ Type Other Office Sought: House Disbursement For: Primary General Other (specify) 19.30 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date Date Date Disbursement For: President Senate State: AR Disbursement For: Primary Ceneral Cother (specify) Type Other (specify) Date Disbursement For: Primary Congression State: AR Disbursement For: Primary Cother (specify) Date Disbursement For: Primary Congression State: AR Disbursement For: Primary Congression State: AR Disbursement For: Primary Cother (specify) Date Disbursement For: Primary Cother (specify) Date Disbursement For: Primary Congression State: AR Disbursement For: Primary Cother (specify) Date Disbursement For: Primary Cother (specify) Date Disbursement For: Primary Cother (specify) Date Disbursement For: Primary Cother (specify)	Conway	AR	72034		
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures				M	-M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidate		Support	Office Sought	t: House District: 00
(a) SUBTOTAL of Itemized Independent Expenditures	Mr. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
(c) TOTAL Independent Expenditures		nt	61823.90	2014	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date Date	(a) SUBTOTAL of Itemized Indepe	ndent Expenditures		· [19.30
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. **Ms. Emily Buchanan** [Electronically Filed] Date Date Date	(b) SUBTOTAL of Unitemized Inde	pendent Expenditures		.	7 7 7
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(c) TOTAL Independent Expenditure	res		•	7 7 7
[Electronically Filed] Date 08 23 2014	with, or at the request or suggestion	n of, any candidate or authorized			
Dutc 10	Ms. Emily Buchanan	[Electron	ically Filed] Date		
	Signature			النب	

PAGE 31

OF

65

Sc	hedule E)	L /(1 L.(L.					PAGE 32 OF 65 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
VV	omen Speak Out PAC					C	C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort An	nends repo	ort filed on	M = M	/ D = D / Y = Y = Y
T	Full Name of Payee Logan B Piper				Date	M = M	c Distribution/Dissemination
-	Mailing Address 3205 Pebble Beach Rd				Amo	08 ount	21 2014
-	City S	State	Zip Code				0.69
	Conway	AR	72034				ID: 7a967ff0-2987-4432-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type			M M M	21 2014
l	Name of Federal Candidate		<u>'</u>	Support	Office Soug	aht:	House District:00
	Mr. Mark L Pryor			Oppose	Presi	- L	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		61823.90		Disburseme 2014	ent For: Other (sp	Primary
	Full Name of Payee Petrina Williams				Date	e of Publi	ic Distribution/Dissemination
	Mailing Address 3007 Darden Rd				Amo	ount	
ľ	City	State	Zip Code				80.00
-	Greensboro Purpose of Expanditure	NC	27407		Trans Date	saction II e of Disb	D: 996a1713-405d-4cde-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			M M M	21 / 2014
	Name of Federal Candidate			Support	Office Sou	ght:	House District:00
	Ms. Kay Hagan		X	Oppose			Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		251777.0)5	Disburseme 2014	ent For: Other (sp	Primary X General
((a) SUBTOTAL of Itemized Independent Expenditures.				· [80.69
((b) SUBTOTAL of Unitemized Independent Expenditure	es				-	
((c) TOTAL Independent Expenditures				· [
W	Under penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	9 08	23	2014
	Signature						

Schedule E)					PAGE 33 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITT					FEC IDENTIFICATION NUMBER ▼
Women Spea	k Out PAC				C C00530766
Check if 24-hou	r report X 48-hour re	port New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Pay Petrina Wil	_{/ee} liams			M	f Public Distribution/Dissemination
Mailing Address	3007 Darden Rd			Amoun	08 21 2014 t
City		State	Zip Code		27.00
Greensboro		NC	27407		action ID : 7ed5f921-af0d-46b8-8 f Disbursement or Obligation
Purpose of Expe Mileage	nditure		Category/ Type 002	М	08 / 21 / 2014
Name of Federal	Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan			X Oppose	Preside	NC NC
Calendar Ye Per Election	ar-To-Date for Office Sought	2	251777.05	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
Full Name of Pa Ms. Tonya E Mailing Address				M	f Public Distribution/Dissemination
City		State	Zip Code		85.00
Mt. Airy		NC	27030	Transac Date o	ction ID : 0dbe0d60-6f69-4f23-b f Disbursement or Obligation
Purpose of Expe Salary	nditure		Category/ Type 001	М	08 / 21 / 2014
Name of Federa	Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan			X Oppose	Preside	
Calendar Ye Per Election	ear-To-Date n for Office Sought		251777.05	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL o	f Itemized Independent Ex	penditures			112.00
(b) SUBTOTAL or	f Unitemized Independent	Expenditures			7 7
(c) TOTAL Indepe	endent Expenditures			•	7 1 7 1 7
with, or at the req		y candidate or authorized			opperation, consultation, or concert he reporting entity is not a political
	Emily Buchanan	[Electron	ically Filed] Date	e 08 /	23 2014
Signature					

Schedule E)	PENT EXILINE	TI OTILO	PAGE 34 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			08 21 2014
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	26.25
Mt. Airy	NC	27030	Transaction ID: 0e11a5d2-b9e4-4f67-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	251777.05	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Peggy A Sides			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2183 Spokane Rd			Amount
City	State	Zip Code	80.00
Fayetteville	NC	28304	Transaction ID : dabf17e8-8410-4f7d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	7	251777.05	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		106.25
			7 7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures)
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
J.g			

Schedule E)	-/(I = 110.	10.120		PAGE 35 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	rt Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Peggy A Sides				f Public Distribution/Dissemination
Mailing Address 2183 Spokane Rd			Amour	08 21 2014 ut
City St	tate	Zip Code		9.00
		28304		action ID : a941a81a-cc0c-46f6-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	08 / 21 / Y Y Y Y 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		Oppose	Preside	NO.
Calendar Year-To-Date Per Election for Office Sought	25	51777.05	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee Emily Butler			M	of Public Distribution/Dissemination
Mailing Address 1676 Shady Creek Rd			Amour	nt
City	tate	Zip Code		33.30
. ,	NC	28513		ction ID: 94370a68-1d44-444b-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 / 21 / 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Kay Hagan		X Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		251777.05	Disbursement 2014 Ot	For: Primary X General her (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures			.	42.30
(b) SUBTOTAL of Unitemized Independent Expenditures	3			
(c) TOTAL Independent Expenditures			· .	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electronic	cally Filed] Date	M M / 08	23 2014
Signature				

Schedule E)	LIVI EXI EIVE	TI OTILO	PAGE 36 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Emily Butler			08 21 2014
Mailing Address 1676 Shady Creek Rd			Amount
City	State	Zip Code	24.60
Ayden	NC	28513	Transaction ID: 7fb490b8-b0fa-4bb1-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , ,	251777.05	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Laura U Logie			08
Mailing Address 2565 Shire Circle			Amount
City	State	Zip Code	40.00
Harrisonburg	VA	22801	Transaction ID: b2626525-c0dd-4735-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		251777.05	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		64.60
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5.g			

Schedule E)		51101120		PAGE 37 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC	;		C	C00530766
Check if 24-hour report	48-hour report New r	report Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Francesca Blom			08 /	21 / 2014
Mailing Address 101 Asbury Ct			Amount	
City	State	Zip Code		80.00
Winchester	VA	22602		D: b8b05ecb-13ba-4fa8-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sou	ght	251777.05	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee ERIC TABARY			Date of Public	Distribution/Dissemination
LINIO TABAINT			08	21 / 2014
Mailing Address 6101 NORA	ST		Amount	
City	State	Zip Code		65.00
METAIRIE	LA	70003	Transaction ID Date of Disbu	D: 3d2391f2-1d88-46a8-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sou	ght	94113.04	Disbursement For: 2014 Other (sp	Primary X General Decify) ►
(a) SUBTOTAL of Itemized Inde	pendent Expenditures		·	145.00
(b) SUBTOTAL of Unitemized In	dependent Expenditures			
			-	7 7
(c) TOTAL Independent Expendi	tures		•	7
Under penalty of perjury I certify with, or at the request or sugges party committee) any political par	tion of, any candidate or authoriz			
Ms. Emily Buchanan	[Electr	ronically Filed] Date	08 / 23	/ Y Y Y Y Y Y 2014
Signature				

Schedule E)	.XI ENDITORIES	PAGE 38 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends repo	ort filed on
Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination
Mailing Address 20679 Glenbrook Terrace		08 21 2014 Amount
City Sta	ate Zip Code	20.00
Sterling V	'A 20165	Transaction ID : 6672d62f-cffa-4c07-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 21 / 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	251777.05	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Cassidy Quartararo		08 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 632 Cameron Court		Amount
Cit.	ata Zin Coda	70.00
'	ate Zip Code .A 70065	70.00 Transaction ID: 8591a36d-13ac-4269-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	94113.04	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		. ▶ 90.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
		7 7 7
(c) TOTAL Independent Expenditures		· •
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	r authorized committee or agent of	
Ms. Emily Buchanan	[Electronically Filed] Date	8 08 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Sch	edule E)	EXI ENDI	101120		-	PAGE 39 OF 65 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					NTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C	00530766
Chec	k if 24-hour report X 48-hour report	X New repo	ort Amends r	report filed	on M M /	
TE	full Name of Payee				Data of Public I	Distribution/Dissemination
	Cassidy Quartararo				M M / 08	21 2014
I N	failing Address 632 Cameron Court				Amount	
С	Sity S	State	Zip Code			10.08
		LA	70065			: 091a141d-5275-4f68-a ement or Obligation
	rurpose of Expenditure Mileage		Category/ Type	002	08	21 / 2014
N	lame of Federal Candidate		Suppor	rt Office	Sought:	House District: 00
N	Ms. Mary L Landrieu		X Oppose	е	President X	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		94113.04	Disbu 2014	orsement For: Other (spec	Primary
	ull Name of Payee				Date of Public I	Distribution/Dissemination
	Bradley K Kissinger				M M / / / / / / / / / / / / / / / / / /	21 2014
N	Mailing Address 3113 Imperial Valley Dr.				00	21 2014
					Amount	
C	Dity	State	Zip Code			50.00
_		AR	72212		Transaction ID : Date of Disburs	5a0c1fa6-434e-40d2-8 sement or Obligation
	Purpose of Expenditure Salary		Category/ Type 0	001	08	21 / 2014
Ν	lame of Federal Candidate		Suppor	rt Office	Sought:	House District: 00
ľ	Mr. Mark L Pryor		N Oppose	e	President X	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		61823.90	Disbu 2014	orsement For: Other (spec	Primary
(a)	SUBTOTAL of Itemized Independent Expenditures					60.08
(b)	SUBTOTAL of Unitemized Independent Expenditure	·S		······ >		4
(c)	TOTAL Independent Expenditures			······ >	1 1 47	
wit	der penalty of perjury I certify that the independent h, or at the request or suggestion of, any candidate or try committee) any political party committee or its age	or authorized				
	Ms. Emily Buchanan	[Electroni	cally Filed]	Date 0		2014
	Signature					

Schedule E)	ADEI ENDENT EXTEND	HONES	PAGE 40 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 4	8-hour report New rep	oort Amends repo	rt filed on
Full Name of Payee Bradley K Kissinger			Date of Public Distribution/Dissemination
Mailing Address 3113 Imperial Va	alley Dr.		08 21 2014 Amount
Otto	Obsta	7:- 01-	10.00
City Little Rock	State AR	Zip Code 72212	16.80 Transaction ID : a2edaf9c-b30c-4562-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Soug	nt	61823.90	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination
Mailing Address 2043 Nottingh	am Ln		08 21 2014
			Amount
City	State	Zip Code	50.00
Burlington Purpose of Expenditure	NC	27215	Transaction ID : 58ce23cb-4cd0-4e12-b Date of Disbursement or Obligation
Salary		Category/ Type 001	08 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Soug	ht	251777.05	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Indepe	endent Expenditures		66.80
(b) SUBTOTAL of Unitemized Inde	enendent Expenditures		
(a) GOD TO THE OF OTHER MEDICAL MICH.	Sportagent Exportantial Commission		7 7 7
(c) TOTAL Independent Expenditu	ires		•
	on of, any candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signaturo			

Schedule E)				PAGE 41 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour	report New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Carmen Maddrey			Date of Public	c Distribution/Dissemination
Mailing Address 2043 Nottingham Ln			Amount	21 2014
Ott.	Ctato	The Oakla		7.00
City Burlington	State NC	Zip Code 27215		7.80 ID: 32d7bd69-00c7-4c81-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbu	21 Y 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	251777.05	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ▶
Full Name of Payee Marysol Netro Mailing Address 312 S Gunter St			Date of Publi	c Distribution/Dissemination
Mailing Address 312 S Gunter St			Amount	
City	State	Zip Code		40.00
Siloam Springs Purpose of Expenditure	AR	72761	Date of Disbu	D: d3d1f01a-3c68-4a1d-b ursement or Obligation
Salary		Category/ Type 001	08	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		61823.90	Disbursement For: 2014 Other (sp	Primary ⊠ General Decify) ►
(a) SUBTOTAL of Itemized Independent	Expenditures		>	47.80
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		. >	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party comm	any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	08 23	/ Y Y Y Y Y 2014
Signature				

Schedule E)	INI EXI ENE	ATTOTILES	⊢	PAGE 42 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Marysol Netro			M M /	21 / 2014
Mailing Address 312 S Gunter St			Amount	
City	State	Zip Code		3.60
Siloam Springs	AR	72761		D: 2237907e-6964-4341-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	-, -,	61823.90	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Vonniqua Jackson			08 /	21 / 2014
Mailing Address 111 Westchester Blvd			Amount	
Apt D4				
City Slidell	State LA	Zip Code 70458		43.00 : d2020b6e-6fae-4b49-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbur	sement or Obligation 21 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	94113.04	Disbursement For: [2014 Other (spe	Primary ☐ General
•				
(a) SUBTOTAL of Itemized Independent Expendit	ures)	46.60
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •	7
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	idate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / 23	2014

Schedule E)	VI EXI END	TIONES	PAGE 43 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd			08 / 21 / 2014
			Amount
City	State	Zip Code	30.00
Lafayette	LA	70503	Transaction ID : 9920bfce-3dab-45a7-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	94113.04	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Francis Richardson			08 / 21 / 2014
Mailing Address 220 Doucet Rd			Amount
City	State	Zip Code	1.92
Lafayette	LA	70503	Transaction ID: 48d930a4-04bd-4410-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 21 / Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	94113.04	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		. ▶ 31.92
,			7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 08 23 2014
Signature			

Schedule E)		71101.120		PAGE 44 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-ho	our report New re	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Shelbi L Randall				c Distribution/Dissemination
Mailing Address 202 East Park Ave A			08	21 / 2014
202 2001 0.11	.pt 40		Amount	
City	State	Zip Code	Town southern	50.00
Searcy	AR	72143		ID : fb8eafe0-fe56-4e85-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		61823.90	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ▶
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Shelbi L Randall			08 N	21 2014
Mailing Address 202 East Park Ave	Apt 40		Amount	
City	State	Zip Code		36.60
Searcy	AR	72143	Transaction II Date of Disbu	D: d47aa86d-0942-43e7-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 08 M	21 Y 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		61823.90	Disbursement For: 2014 Other (sp	Primary ⊠ General Decify) ►
(a) SUBTOTAL of Itemized Independent	ent Evnenditures			86.60
(a) SOBTOTAL OF HORIZOG HIGOPOTICA	THE EXPERIENCES		7	00.00
(b) SUBTOTAL of Unitemized Indepe	ndent Expenditures		• •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that with, or at the request or suggestion of party committee) any political party co	of, any candidate or authorize			
Ms. Emily Buchanan	[Electro	onically Filed] Date	08 23	/ Y Y Y Y Y Y 2014
Signature				

Sch	nedule E)	L/11 -1.12.	101120				PAGE 45 OF 65 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					С	C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Arr	nends repo	ort filed on	M = M /	D = D / Y = Y = Y
TF	Full Name of Payee Kaleigh J Wagner	,			Date	M = M	c Distribution/Dissemination
N	Mailing Address 18065 Wayne Rd				Amo	08 ount	21 2014
	Cia.	State	Zin Codo				60.00
- 1	City S Odessa	FL	Zip Code 33556				60.00 ID: 42a878af-8195-48af-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		08	21 2014
1	Name of Federal Candidate		<u></u>	Support	Office Soug	nht:	House District: 00
	Mr. Mark L Pryor			Oppose	Presi		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		61823.90		Disburseme 2014	ent For: Other (sp	Primary
	Full Name of Payee Randy M Gold				Date	of Publi	c Distribution/Dissemination
1	Mailing Address 1436 Haigs Creek Dr				Amo	ount	
(City	State	Zip Code				60.00
L	Elgin	SC	29045				D: 25f3011a-6c7b-4cd1-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		08 80	21 / 2014
I	Name of Federal Candidate			Support	Office Sou	ght:	House District: 00
	Mr. Mark L Pryor		X	Oppose	Presi	dent	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, ,	61823.9	0	Disburseme 2014	ent For: Other (sp	Primary ⊠ General Decify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures.	j			. [120.00
(b	b) SUBTOTAL of Unitemized Independent Expenditure	res			.		
(с	c) TOTAL Independent Expenditures				· • [
wi	nder penalty of perjury I certify that the independent ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	e or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 08	23	2014
	Signature						

Schedule E)	EXI END	101120		PAGE 46 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	M / D D / Y Y Y Y
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	rt filed on	
Full Name of Payee Randy M Gold				of Public Distribution/Dissemination
Mailing Address 1436 Haigs Creek Dr				08 21 2014
Tiod Haige Glock 27			Amour	nt
City	State	Zip Code		33.00
Elgin	SC	29045		action ID: 4ff8d594-ab76-465f-8 If Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		08 21 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pryor		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		61823.90	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date of	of Public Distribution/Dissemination
Mr. Roger McKinney				M / D D / Y Y Y Y
Mailing Address 308 West Main Street			_ L	08 21 2014
308 West Main Street			Amour	nt
City	State	Zip Code		63.30
Pilot Mountian	NC	27041	Transa Date o	ction ID : 7e80a7a7-03ba-45f4-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 21 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		251777.05	Disbursement 2014	t For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures.			•	96.30
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures			·	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / / 08	23 2014
Signature				

Schedule E)	JENT EXI END	ITORES	PAGE 47 OF 65 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	•
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	Y
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination	
Mailing Address 308 West Main Street			08 21 2014	Y
000 1100111101111001			Amount	
City	State	Zip Code	17.67	7
Pilot Mountian	NC	27041	Transaction ID : 31bbd3ed-b1fe-47f3-9 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Υ
Name of Federal Candidate		Support	Office Sought: House District:00)
Ms. Kay Hagan		X Oppose	President Senate State: NC	;
Calendar Year-To-Date Per Election for Office Sought		251777.05	Disbursement For: Primary	ral
Full Name of Payee			Date of Public Distribution/Dissemination	n
Glenda McKinney			08 / D D / Y Y Y Y Y Y 2014	Υ
Mailing Address 308 West Main Street			Amount	
City	State	Zip Code	63.30	
Plot Mountain	NC	27041	Transaction ID: 9bc8654d-5fb2-410d-8 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y 2014	Υ
Name of Federal Candidate		Support	Office Sought: House District: 00)
Ms. Kay Hagan		X Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		251777.05	Disbursement For:	ral
(a) SUBTOTAL of Itemized Independent Exper	nditures		80.97	
(b) OUDTOTAL of Heliconical Independent Francisco	and Physics			_
(b) SUBTOTAL of Unitemized Independent Exp	penaitures		•	_
(c) TOTAL Independent Expenditures			>	
	andidate or authorized		not made in cooperation, consultation, or conce f either, or (if the reporting entity is not a politic	
Ms. Emily Buchanan Signature	[Electron	iically Filed] Date	08 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3				

Schedule E)	I EXI END	TOTILO		PAGE 48 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee Christine Stevens				of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct			Amou	08 21 2014 nt
City	State	Zip Code		70.00
Winchester	VA	22602		action ID : fb7415ba-8c35-43be-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	08 21 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	ent State: NC
Calendar Year-To-Date Per Election for Office Sought	2	251777.05	Disbursemen 2014 O	t For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Jazmine d Conner			TV	08 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 ASBURY CT				21 2011
			Amou	nt
City	State	Zip Code		60.00
WINCHESTER	VA	22602		ction ID : cdd22da2-98d2-4884-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 / 21 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	251777.05	Disbursemen 2014	t For:
(a) SUBTOTAL of Itemized Independent Expenditure	S		· •	130.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		·· •	7 1 7 1 8
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	e 08	23 2014
Signature				

Schedule E)		1101120		PAGE 49 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Jon E Conner			M N 08	
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		70.00
Winchester	VA	22602		on ID : 6c68ef14-88c2-4fdb-a visbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 08	21 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	251777.05	Disbursement Fo	or: Primary X General · (specify) ▶
Full Name of Payee			Date of P	Public Distribution/Dissemination
Rodney O Culbreath			08	/ D D / Y Y Y Y Y Y 21 2014
Mailing Address 100 Asbury Ct			Amount	
City Winchester	State VA	Zip Code 22602	Transaction	80.00 on ID : 79ac3d5e-4acf-49ee-a
Purpose of Expenditure		Ta. (Disbursement or Obligation
Salary		Category/ Type 001	08	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	251777.05	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	150.00
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· •	411414
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)	PAGE 50 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends rep	port filed on M M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Rodney D Culbreth	08 21 2014
Mailing Address 100 Asbury CT	Amount
3200 Dam Neck Rd	00.00
City State Zip Code Winchester VA 22602	80.00 Transaction ID : dde29354-31b8-471d-b
Purpose of Expenditure Salary Category/ Type 00	Date of Disbursement or Obligation 1
Name of Federal Candidate	Office Sought: House District: 00
Ms. Kay Hagan Support Oppose	Office Sought: House District: 00 President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Rze Culbreath	08 21 2014
Mailing Address 100 Asbury Ct	Amount
City State Zip Code	80.00
Winchester VA 22602	Transaction ID: 91c7d8d8-13dd-4895-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 251777.05	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	···· >
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Data	te 08 / 23 / 2014

Sch	edule E)	AI LIIDI	TOTILO				PAGE 51 OF 65 FOR SE OF FORM 24/48	
	E OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMBER	_
Wc	omen Speak Out PAC					C	C00530766	1
Chec	k if 24-hour report X 48-hour report	New repo	ort Amends	s report	t filed on	- M /	D D / Y Y Y Y	<u>-</u>
		14cw Topo	America	з тероп				_
	full Name of Payee Carol L Walters					of Public	Distribution/Dissemination	7
N	Mailing Address 1900 Glen West Way				Amou	nt		-
	Dity State	te	Zip Code		$-\Gamma$		40.00	7
	Fort Smith AF	₹	72916				D: 9c56a16a-3318-4b42-8 rsement or Obligation	_
	Purpose of Expenditure Salary		Category/ Type	001	М	08 /	21 / 2014]
١	lame of Federal Candidate		Supp	ort	Office Sough	t:	House District: 00	
	Mr. Mark L Pryor		У Орро		Preside	ent \sum	Senate State: AR	_
L	Calendar Year-To-Date Per Election for Office Sought		61823.90		Disbursemen 2014 O	t For: ther (sp	Primary X Genera	ıl —
	Full Name of Payee				Date	of Public	Distribution/Dissemination	
	Carol L Walters				IV.	08 /	21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	٦
1	Mailing Address 1900 Glen West Way					00	21 2014	4
					Amou	nt		
	Dity Sta	te	Zip Code				6.30	٦
	Fort Smith Al	R	72916		Transa Date	ction ID of Disbu	: b18802b2-411f-4c0f-a rsement or Obligation	_
	Purpose of Expenditure Mileage		Category/ Type	002	IV	08 ^M	21 / 2014	
1	Name of Federal Candidate		Supp	oort	Office Sough	t:	House District: 00	_
	Mr. Mark L Pryor		X Oppo	ose	Preside	ent >	Senate State: AR	_
	Calendar Year-To-Date Per Election for Office Sought		61823.90		Disbursemen 2014 O	t For: ther (sp	Primary X General General General	ıl
(a) SUBTOTAL of Itemized Independent Expenditures				•	7	46.30	_
(b) SUBTOTAL of Unitemized Independent Expenditures.				.		1 4 1 4 1	
(с) TOTAL Independent Expenditures				· [7		
wi	nder penalty of perjury I certify that the independent ex th, or at the request or suggestion of, any candidate or rty committee) any political party committee or its agent	authorized						
	Ms. Emily Buchanan	[Electroni	cally Filed]	Date	M M / / 08	23	2014	
	Signature		_					

ScI	hedule E)	-/(I bite.	101120				PAGE 52 OF 65 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
VV	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Ame	nds repo	ort filed on	- M /	D = D / Y = Y = Y
T	Full Name of Payee Phillip Williams					- M /	Distribution/Dissemination
-	Mailing Address 3007 Darden Rd				Amou	08 nt	21 2014
ŀ	City St	tate	Zip Code		—		85.00
		NC	27407				D: 931d10eb-57eb-4349-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		08 /	21 / 2014
t	Name of Federal Candidate		Sı	upport	Office Sough	t:	House District: 00
	Ms. Kay Hagan			ppose	Preside	_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	251777.05		Disbursemen 2014 O	t For: ther (sp	Primary ☐ General ecify) ►
	Full Name of Payee Phillip Williams					of Public	Distribution/Dissemination
	Mailing Address 3007 Darden Rd				Amou	nt	
ľ	City St	State	Zip Code				39.60
		NC	27407				D: 9d8ad534-7f6f-4f82-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	N	08	21
Ī	Name of Federal Candidate		Sı	upport	Office Sough	it:	House District: 00
	Ms. Kay Hagan		X Or	ppose	Preside	ent \sum	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		251777.05		Disbursemen 2014		Primary X General Decify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures						124.60
(1	b) SUBTOTAL of Unitemized Independent Expenditures	s				1-4-	
(0	c) TOTAL Independent Expenditures				· [
W	Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate of earty committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	9 08	23	2014
	Signature						

Schedule E)		IDENT EXTERNS	1101120		PAGE 53 OF 65 FOR SE OF FORM 24/48
NAME OF COMMIT					FEC IDENTIFICATION NUMBER ▼
Women Spea	ak Out PAC				C C00530766
Check if 24-ho	ur report X 48-hour repo	ort New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of P Beverly W				М	of Public Distribution/Dissemination
Mailing Address	3007 Darden Rd			Amour	08 21 2014 nt
City		State	Zip Code	<u> </u>	85.00
Greensboro		NC	27407		action ID : fb836243-d312-4978-a of Disbursement or Obligation
Purpose of Exp Salary	enditure		Category/ Type 001		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Feder	al Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan	1		Oppose	Preside	
	rear-To-Date on for Office Sought		251777.05	Disbursement 2014 Ot	reference : For: Primary
Full Name of P Lee R Cart	er				of Public Distribution/Dissemination
				Amou	
City Raleigh		State NC	Zip Code 27604		20.00 ction ID : 03076cc3-e0bf-4037-b of Disbursement or Obligation
Purpose of Exp Salary	penditure		Category/ Type 001	М	08 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Feder	al Candidate		Support	Office Sough	t: House District:00
Ms. Kay Hagar	1		Oppose	Preside	
	rear-To-Date on for Office Sought		251777.05	Disbursemen 2014 O	t For:
(a) SUBTOTAL	of Itemized Independent Exp	enditures		· •	105.00
(b) SUBTOTAL	of Unitemized Independent E	xpenditures			7 1 7 1 7 1
(c) TOTAL Inde	pendent Expenditures			·· •	7 7 7
with, or at the re		candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	Emily Buchanan	[Electron	nically Filed] Date	08	23 2014
Signature					

Schedule E)	LIVI EXI ENL	ATTOTILES	PAGE 54 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lee R Carter			08 21 2014
Mailing Address 3110 Brentwood Rd			Amount
City	State	Zip Code	5.70
Raleigh	NC	27604	Transaction ID: 4aeb6880-7214-46bb-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		251777.05	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Steven Jean			08 21 2014
Mailing Address 2012 Harrison Ave			Amount
City	State	Zip Code	100.00
Winston Salem	NC	27105	Transaction ID : a056382f-20a7-45ac-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		251777.05	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		105.70
//s) CURTOTAL of Heitersized Index and anti-	an alikuwa a		7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 9			

Schedule E)				PAGE 55 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-ho	ur report New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Steven Jean			Date of Public	c Distribution/Dissemination
Mailing Address 2012 Harrison Ave			Amount	21 2014
			Amount	
City		Zip Code		15.00
Winston Salem	NC	27105		ID: 1650dab7-fa72-4d3b-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M M 08	21 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	251777.05	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ▶
Full Name of Payee Xavier Miller				c Distribution/Dissemination
			M 08	21 2014
Mailing Address 407 randall Dr			Amount	
City	State	Zip Code	<u> </u>	50.00
Searcy	AR	72143	Transaction II Date of Disbu	D: 0af3ffff-7cef-42f1-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M M M M M M M M M M M M M M M M M M	21 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		61823.90	Disbursement For: 2014 Other (sp	Primary ⊠ General Decify) ►
(-) CURTOTAL of Homized Independe	-t-Europadituro			25.00
(a) SUBTOTAL of Itemized Independe	nt Expenditures		-	65.00
(b) SUBTOTAL of Unitemized Indepen	dent Expenditures		. >	
(c) TOTAL Independent Expenditures.			•	1 1 7 1 1 7 1
Under penalty of perjury I certify that with, or at the request or suggestion o party committee) any political party committee.	f, any candidate or authorized			
Ms. Emily Buchanan	[Electrons	ically Filed] Date	08 / 23	/ Y Y Y Y Y Y 2014
Signature		_		-

Schedule E)	IVI EXI END	TIONES	PAGE 56 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Xavier Miller			08 21 2014
Mailing Address 407 randall Dr			Amount
City	State	Zip Code	19.50
Searcy	AR	72143	Transaction ID : 28c02ed9-d68c-4bef-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	61823.90	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Taylor N Randall			08 21 2014
Mailing Address 2002 E Park Ave			Amount
Apt 40			
City Searcy	State AR	Zip Code 72143	50.00 Transaction ID : cce1ec72-17a1-43d7-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 08 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	61823.90	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	uroo		60.50
(a) SOBTOTAL OF REMIZED INDEPENDENT EXPENDIT	ures		69.50
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 23 7 2014

Sche	edule E)	1 L M L M L M L M	1101120		PAGE 57 OF 65 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	men Speak Out PAC				C C00530766
Check	c if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Ft 1	ull Name of Payee Theresa A Touchet				of Public Distribution/Dissemination
M	ailing Address 102 French Street #3			Amou	08 21 2014 nt
Ci	itv	State	Zip Code	— [<u> </u>	4.00
	New Orleans	NC	70124		action ID : 507b9ea0-11ad-4323-9 of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001		08 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	ame of Federal Candidate		Support	Office Sough	t: House District:00
M	/Is. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7 7	94113.04	Disbursement 2014 O	t For:
	ull Name of Payee Theresa A Touchet lailing Address 102 French Street #3			_	of Public Distribution/Dissemination 08
	ity	State	Zip Code		0.30
- 1	New Orleans	NC	70124	Transa Date	oction ID : 5f097166-480c-441b-8 of Disbursement or Obligation
	urpose of Expenditure Mileage		Category/ Type 002		08 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	ame of Federal Candidate		Support	Office Sough	t: House District:00
M	/ls. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		94113.04	Disbursemen 2014 O	t For: Primary
(a)	SUBTOTAL of Itemized Independent Expenditures	s			4.30
(b)	SUBTOTAL of Unitemized Independent Expenditu	ures		·· •	7 1 7 1 7
(c)	TOTAL Independent Expenditures			· •	7
with	der penalty of perjury I certify that the independer h, or at the request or suggestion of, any candidat try committee) any political party committee or its a	te or authorized			
_	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 08	23 2014
	Signature				

Sc	hedule E)	EXI ENDI	TOTILO				PAGE 58 OF 65 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	eck if 24-hour report X 48-hour report	X New repo	ort Am	ends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
Т	Full Name of Payee				Date	- of Public	c Distribution/Dissemination
	Jeanne Tribou				Date	M M M 08	Distribution/Dissemination / 21 2014
	Mailing Address 22369 Ponderosa Dr.				Amo	ount	
ŀ	City	State	Zip Code				35.00
	Mandeville	LA	70471				ID: cc6f8c2e-cbdd-42dd-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	$\exists \mid \mid$	08	21 / 2014
ľ	Name of Federal Candidate		<u> </u>	Support	Office Sou	aht:	House District: 00
	Ms. Mary L Landrieu			Oppose			Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		94113.04		Disburseme 2014	ent For: Other (sp	Primary
Ī	Full Name of Payee				Dat	e of Publi	c Distribution/Dissemination
	Jeanne Tribou					M M M	21 2014
ľ	Mailing Address 22369 Ponderosa Dr.					00	21 2014
1					Amo	ount	
ŀ	City	State	Zip Code		$\dashv \sqcap$		6.60
	Mandeville	LA	70471		Tran Dat	saction II e of Disbu	D: 130286e9-c46f-4ae4-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	$\exists \mid \mid$	08 ^M	21 2014
Ī	Name of Federal Candidate			Support	Office Sou	ght:	House District: 00
	Ms. Mary L Landrieu		X	Oppose		•	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		94113.04	4	Disbursem 2014	ent For: Other (sp	Primary X General Decify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures.				· •	-	41.60
((b) SUBTOTAL of Unitemized Independent Expenditure	es			· • [1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
((c) TOTAL Independent Expenditures				·· •	- 4	1 1 2 1 2 1
٧	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 08	/ 23	/ Y Y Y Y Y Y 2014
	Signature		_				

Schedule E)		TI OTILO	PAGE 59 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			08 21 2014
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	57.50
High Point	NC	27260	Transaction ID: 20ab2aaf-1af9-41e4-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	251777.05	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			08 21 2014
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	23.40
High Point	NC	27260	Transaction ID: e55715f5-8b10-40b0-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		251777.05	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		80.90
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3·ga.a. 0			

Sch	edule E)	-/: -:	101.20		PAGE 60 OF 65 FOR SE OF FORM 24/48	
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER	
Wc	omen Speak Out PAC				C C00530766	
Chec	sk if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y =	Y
	Full Name of Payee James Tatro				of Public Distribution/Dissemination	
N	Mailing Address 1208 Braeburn Rd			Amou	08 21 2014 unt	_
	Dity S	State	Zip Code		70.0	0
- 1		NC	28211		saction ID: e1fd7019-233f-4daf-b of Disbursement or Obligation	_
	Purpose of Expenditure Salary		Category/ Type 001		08 / 21 / 2014	Y
Ν	Name of Federal Candidate		Support	Office Soug	ht: House District: 00)
	Ms. Kay Hagan		X Oppose	Presid	dent Senate State: NC	
	Calendar Year-To-Date Per Election for Office Sought	2	251777.05	Disbursement 2014	nt For: Primary X Gene Other (specify) ►	∍ral ——
	Full Name of Payee James Tatro				of Public Distribution/Disseminatio	
N	Mailing Address 1208 Braeburn Rd			Amo	08 21 2014 unt	_
	Dity S	State	Zip Code		3.30	П
	Charlotte	NC	28211	Trans Date	action ID: 693a00d1-a0a7-4e08-b of Disbursement or Obligation	
	Purpose of Expenditure Mileage		Category/ Type 002	$\Box \mid \Box$	08 / 21 / 2014	Y
١	Name of Federal Candidate		Support	Office Soug	ht: House District: 0	0
	Ms. Kay Hagan		X Oppose	Presid	dent X Senate State: NO	
	Calendar Year-To-Date Per Election for Office Sought		251777.05	Disburseme 2014	ent For:	eral
(a)) SUBTOTAL of Itemized Independent Expenditures				73.30	
(b	s) SUBTOTAL of Unitemized Independent Expenditure	əs		- -		
(c)) TOTAL Independent Expenditures					
wit	nder penalty of perjury I certify that the independent th, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 08	23 2014	
	Signature					

Schedule E)	LIVI LXI LIVL	TI OTILO	PAGE 61 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct			08 21 2014 Amount
011	0	7: 0 1	50.00
City High Point	State NC	Zip Code 27260	50.00 Transaction ID : fea1b52e-9f75-494a-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	251777.05	Disbursement For: Primary
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct			08 21 2014 Amount
City	State	Zip Code	21.30
High Point	NC	27260	Transaction ID: 8e540ca3-3fd4-49fa-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 21 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		251777.05	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		71.30
(b) SUBTOTAL of Unitemized Independent Expe	enditures		>
(c) TOTAL Independent Expenditures			•
	ididate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 23 2014
Signaturo			

Schedule E)	FOR SE OF FORM 24/48	
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC	C C00530766	
Check if 24-hour report 48-hour report New report Amends report filed	on Man / Dab / Yayayay	
Full Name of Payee Eleanor McCoy	Date of Public Distribution/Dissemination	
, and the second	08 21 2014	
Mailing Address 4902 Catawba Dr	Amount	
City State Zip Code	80.00	
Greensboro NC 27407	Transaction ID: 21d3739c-5125-4d63-b Date of Disbursement or Obligation	
Purpose of Expenditure Salary Category/ Type 001	08 / 21 / 2014	
Name of Federal Candidate Support Office	Sought: House District: 00	
Ms. Kay Hagan Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For: Primary	
Full Name of Payee	Date of Public Distribution/Dissemination	
Eleanor McCoy	08 21 2014	
Mailing Address 4902 Catawba Dr	Amount	
City State Zip Code	23.70	
Greensboro NC 27407	Transaction ID: 9e4fb4dd-d551-410e-9 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage Category/ Type 002	08 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support Office	e Sought: House District: 00	
Ms. Kay Hagan Oppose	President State: NC	
Calendar Year-To-Date Per Election for Office Sought Disbut 251777.05	ursement For: Primary X General Other (specify) ▶	
<u> </u>		
(a) SUBTOTAL of Itemized Independent Expenditures	103.70	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.		
	8 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		

Schedule E)	TOTILO	PAGE 63 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New rep	ort Amends report file	ed on Mam / Dad / Yayayay
Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination
Mailing Address 2320 Saint Nick Dr		08 21 2014 Amount
City State	Zip Code	50.00
New Orleans LA	70131	Transaction ID : 8e34c955-30c7-4fa4-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 21 / 2014
Name of Federal Candidate	Support Offi	ce Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	94113.04 Dis 201	bursement For: Primary General 4 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Jeffrey Hampton		08 20 Y Y Y Y Y
Mailing Address 1700 E Part Ave		Amount
City State Searcy AR	Zip Code 72149	30.00 Transaction ID : 46d54a02-b321-4674-9
Purpose of Expenditure	Cotogony	Date of Disbursement or Obligation
Salary	Category/ Type 001	08 20 2014
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	61823.90 Dis	bursement For: Primary General Other (specify)
	'	
(a) SUBTOTAL of Itemized Independent Expenditures	·····	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	nically Filed] Date	08 23 2014
Signature		

Schedule E)	I LAFLIND	ITONES		PAGE 64 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Jeffrey Hampton			Date of Publi	c Distribution/Dissemination
Mailing Address 1700 E Part Ave			08 Amount	20 2014
City	State	Zip Code		25.80
Searcy	AR	72149		ID: e7539661-be06-4368-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 08	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	61823.90	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee				ic Distribution/Dissemination
Ms. Tonya Boyd			08	/ DDD / YTYTY Y 20 2014
Mailing Address 2357 Fancy Cap Rd			Amount	
City	State	Zip Code		90.00
Mt. Airy	NC	27030		D: 065b3592-8586-4199-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	l	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	251777.05	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	S		•	115.80
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		· >	7 1 2
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	08 / 23	2014
Signature				

Schedule E)	PAGE 65 OF 65 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee Ms. Tonya Boyd	Date of Public Distribution/Dissemination
Mailing Address 2357 Fancy Cap Rd	08 / 20 / 2014
Z357 Fancy Cap Ru	Amount
City State Zip Code	29.79
Mt. Airy NC 27030	Transaction ID: 790783aa-3d2c-4224-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offi	ice Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Dis 251777.05	bursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M - M / D - D / Y - Y - Y
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Offi	ice Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Sbursement For: Primary General
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	29.79
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	5066.83
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	08 23 2014
Signature	